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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/5/2014 3:14 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS	275, the undersigned a	applies to qualify and for that pu	rpose submits	the following statement
Article I: The name of the limite	d liability company is			
Driftwood Properties,				
K A L T T T T T T T T T T T T T T T T T T	10 10 11 11 11 11 11 11	4 4 40 40		
Article II: The street address of 151 Darnell Drive	the limited liability com	AND COMMENT ACTION CARLOS ATTACAMA AND AND AND AND AND AND AND AND AND AN	TOLING CONTROL OF	10000
		Owingsville	KY	40360
Street Address Only (No Post Office	City	State	Zip Code	
and the name of the initial regist	tered agent at that office	Shannon Eugene	Caudili	
Article III: The mailing address	of the limited liability or	ompany's initial principal office is		
151 Darnell Drive		Mary II IIII	KY	40360
Street Address or Post Office Box Number		Owingsville	0.52	
The second secon	imber	City	State	Zip Code
Article IV: The limited liability contains A. a manager(s).  B. its member(s).  Article V: This application will be			and/or time is n	provided. The effective
date or the delayed effective dat	le cannot be prior to the	e date the application is filed. T	he date and/or	(Delayed effective date and/or time)
We declare under penalty of pe	erjury under the laws of	f the state of Kentucky that the t	oregoing is true	e and correct.
16/1/1		Shannon Eugene Ca		
ignature of Organizer		Printed Name & Title	-100/1-0-4C/11-11/00-12-0	Date
Jesa John of	0	Kehla Castle, Membe	r	5/5/14
Ignature of Organizer		Printed Name & Title		Date
Shannon Eugene Ca	audill	_ consent to serve as the registered a		
sh /a /1/9		Shannon Eugene C	audill 5/5	5/14
Signature of Registered Agent		Printed Name	Date	)